

Oral Health Mini-Grants for 2005

The Arizona Department of Health Services, Office of Oral Health (ADHS–OOH) is pleased to announce the availability of funds to address the oral health of Arizonans. Funds are available to:

1. **Conduct community oral health needs assessments and develop community oral health strategic plans** (*Communities requesting funds for needs assessment must complete both a needs assessment and a strategic plan in the same funding cycle*)
2. **Develop community oral health strategic plans** (*Communities funded previously by ADHS–OOH to do a needs assessment are eligible for this category*)
3. **Develop community oral health improvement projects based on actions in the National Call to Action to Promote Oral Health.** (*The National Call to Action to Promote Oral Health Call is available at: <http://www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.htm>*)

Award Amounts: Awards will range between \$500 and \$9,500 depending on the funding category selected and proposed activity.

Category #1: Oral health needs assessment and strategic plans (up to \$7,000)

Category #2: Oral health strategic plans (for communities previously funded by ADHS–OOH to do needs assessment – up to \$3,500)

Category #3: Oral health improvement projects (up to \$9,500)

Application Due Date: The funds will be awarded to applicants that meet the intention of the grant guidance on a first come/first serve basis until all funds have been expended [Total amount available: \$69,000]. Applications will be accepted starting on December 1, 2004. The first major review of applications will be conducted on or about December 15, 2004. Applications will be reviewed in the order in which they are received.

Budget Period: January 1 – December 31, 2005 (Funding Category #1 and #3)
January 1 – June 30, 2005 (Funding Category #2)

Eligible Applicants: County health departments
Native American tribes
School departments
Non-profit organizations

Awards will not be made to individuals or to for profit organizations

Procedures for Obtaining Funds: Complete the enclosed application by answering all the questions and providing any requested attachments. **Submit the original plus 3 copies to:**

AZ Dept. of Health Services, Office of Oral Health
Community Development Coordinator
1740 W. Adams Street #205
Phoenix, AZ 85007

PLEASE NOTE: Incomplete applications will be returned

Funding Categories :

1. Community Oral Health Needs Assessment and Strategic Plan (Up to \$7,000 per grant):

To determine the most effective, efficient and sustainable means of improving oral health, the specific and unique needs and demands of the community should be known and addressed. The foundation for projects aiming to improve community oral health is a needs assessment. Typical needs assessments include determination of oral health status, existing resources, and perceived needs and demands for one or more segments of the population.

The next step to achieve the desired outcome of a project or program is a complete, well-developed strategic plan. The strategic plan takes priority findings of the needs assessment and provides a roadmap to the development and implementation of programs to address the needs assessment findings.

***Note:** mini-grant applications requesting funding in this category must complete a needs assessment by June 30, 2005 and a strategic plan by December 31, 2005.*

2. Community Oral Health Strategic Plan (Up to \$3,500 per grant):

To achieve the desired outcome of a project or program, the agency, organization or coalition must have a complete, well-developed strategic plan. This category of funding is for entities previously funded by the Office of Oral Health for oral health needs assessment.

***Note:** all mini-grant applications requesting funding in this category must submit a completed community oral health needs assessment. Strategic plans must be completed by June 30, 2005.*

3. Community Oral Health Improvement Projects (Up to \$9,500 per grant):

This mini-grant can be used to implement, pilot, initiate or sustain a new initiative or service to improve oral health. A new initiative or service is defined as one that is presently in the planning stages or within its first year of operation.

Oral health improvement projects must address at least one of the following actions outlined in the National Call to Action to Promote Oral Health:

Action 1: Change Perceptions of Oral Health

Action 2: Overcome Barriers by Replicating Effective Programs and Proven Efforts

Examples of possible initiatives to be funded under this category include but are not limited to such projects as:

- Planning for implementation of evidence based interventions appropriate for the community such as: dental sealant programs, community water fluoridation, etc.
- Activities that develop integrated and comprehensive care programs that include oral health care and increase the number and types of settings in which oral health services are provided. Examples - training of nursing home personnel to provide oral screenings to residents, inclusion of oral health in disease management programs for diabetes, inclusion of oral health in prenatal care programs
- Make optimal use of oral health and other health care providers in improving access to oral health care. Examples: training of medical providers to conduct oral screenings as part of routine physical exams, provide appropriate patient education and make referrals.

- Activities that remove barriers to the use of services. Examples: development of a program that lets community members know how and when to access oral health services, development of collaborations or networks to provide transportation or daycare or other types of assistance so that community members may keep oral health appointments. Train, encourage and support community dental providers to provide oral health services to developmentally disabled persons.

***Note:** mini-grant applications requesting funding in this category must complete the supplemental question sheet at the end of the application. A mid project report must be completed by June 30, 2005 and a final report by December 31, 2005.*

Organizations may apply for more than one funding category, however a separate application must be completed for each funding category requested.

Partnership/Collaboration Requirements:

Organizations applying for mini grant funding (all categories) must work in partnership or as a coalition with other community groups and/or agencies. Each collaborating organization should have a role in conducting, managing or directing the project to be supported by the mini-grant.

Funding Exclusions:

Because of the nature of these awards, **funding may not be used for:**

- Physical construction or renovation of a facility or space within a building.
- Traditional oral health promotion activities alone (e.g., distribution of toothbrushes and oral health education materials, health fairs).
- Direct clinical services or the purchase of dental services.
- Administrative costs (e.g., indirect charges)
- Purchase of food and beverages other than those to be used in educational demonstrations.

Obtaining Technical Assistance:

Technical assistance related to the substance of the application is available by calling Andrea Chiasson at (602) 542-2938 via e-mail at chiassa@azdhs.gov. To access an electronic version of this announcement:

- Contact Jo Merendino at (602) 542-1866 or via email at merendj@azdhs.gov
- Visit our website at: <http://azdhs.gov/cfhs/ooh>

Determination of Awards:

A Review Panel coordinated by the Arizona Department of Health Services, Office of Oral Health, will review accepted applications. If the application is not approved, the applicant will be contacted regarding their request. Technical assistance may be provided for revising and resubmitting the application. All approved applicants will be notified by the Office of Oral Health and the application will be processed through the Department of Health Services procurement procedures. The procurement process takes at least three weeks.

Review Criteria:

Applications must meet each of the following criteria:

- The effort to be funded is consistent with ADHS, Office of Oral Health's overall mission *to promote oral health for the well-being of all Arizona residents.*
- **If the Funding Category is #3**, the applicant must answer the three (3) supplemental questions at the end of the application (p.17). Organizations must demonstrate how the project addresses at least one of two Actions described in the Surgeon General's Oral Health Call to Action:
 - Change Perceptions of Oral Health
 - Overcome Barriers by Replicating Effective Programs and Proven Efforts

The proposal review criteria are on the Oral Health Mini-Grant Proposal Review Form (see p. 16). There are no "weights" or other measures to be applied to these criteria, other than "yes" and "no." Each of the criteria must be met in order for the proposal to be funded. If more applications are received than can be funded, applications that have met all eligibility requirements will be funded in the order in which they were received until all funds are obligated.

Other Requirements:

The organization seeking funding agrees to meet the publication, reporting, and financial requirements of this award:

- **By June 30, 2005**, submit the completed needs assessment OR strategic plan (if funded under category #1 or #2) OR a mid-project report (if funded under category #3).
- **By December 31, 2005**, submit the completed strategic plan (if funded under category #1) OR a final report (if funded under category #3)
- Within 30 days of the completion of the Budget Period, submit a financial statement/summary indicating expenditures incurred in conjunction with this award.
- Any products (manuals, brochures, training curriculum, etc.) created or data collected as a result of mini-grant funding must be submitted along with the required deliverables outlined above and becomes public record.
- All materials published and presentations made through this award must include the following language: "*Funded through a grant from the Arizona Department of Health Services and the Health Resources and Services Administration.*"

Distribution of Funds:

Grant recipients will receive funds upon submission of two deliverables:

1. 50% of funds will be dispersed upon submission of the needs assessment (category #1), strategic plan (category #2) or project update report (category #3) to the Office of Oral Health no later than June 30, 2005.
2. The remaining 50% of the funds will be dispersed upon completion of the project and the submission of the strategic plan (category #1) OR final report (category #3) to the Office of Oral Health no later than December 31, 2005.

Arizona Department of Health Services
Office of Oral Health
1740 W. Adams Street, #010
Phoenix, Arizona 85007

ADHS Use Only:

A: N F

2005 Oral Health Mini-Grant Application

Select **Funding Category:** (select only one)

- ☐ A. Community Oral Health Needs Assessment and Strategic Plan
☐ B. Community Oral Health Strategic Plan – *(Include copy of your needs assessment)*
☐ C. Community Oral Health Improvement Project

I. Application Information (Coalition, Public Agency, Non-Profit Organization):

A. Organization Name:

Check one: ☐ County Health Department ☐ School Department
☐ Native American Tribe ☐ Non-profit Organization (include non-profit status documentation)

Address:

City: _____ County: _____ Zip: _____

Telephone: _____ Fax: _____

B. Contact Person:

Contact Person's Title:

Telephone: _____ Fax: _____

E-mail: _____

Address *(if different than above)*:

City: _____ County: _____ Zip: _____

II. Project Information

Name of Project: _____

A. Project Description

(Describe the project you are proposing and why you would like to undertake this project.)

B. Collaborating Agencies/Organizations

Describe the relationship in which you are/will be working to implement the service, program or project to be funded. Include information on how the project will be conducted, managed or directed (E.g., by a grass-roots community advisory group; by a distinctly identifiable community component of your organization). Include names of partner groups. **Provide letters of support from each collaborating entity.**

C. Staffing (Describe how your project will be staffed.)

D. Logic Model – Complete a Logic Model. See Instructions & Sample in “Attachments.”

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p>Target Population to be Served</p> <p><i>Needs of Population to be Served</i> (Funding Category #1, #2, #3: Describe geographic areas/ population to be served)</p> <p>(Funding Category # 3: Also describe population needs)</p> <p>Resources:</p> <p>(Funding Category # 1 & # 2: Describe applicant resources to conduct needs assessment/ strategic planning or oral health improvement project</p> <p>(Funding Category # 3: Describe population resources)</p>	<p>Goal(s)</p> <p>Outcome Objectives - <i>(Measurable)</i></p>		<p>Activities: <i>Funding Category #1 & #3</i> January – December 2005</p> <p><i>Funding Category #2</i> January – June 2005</p> <p>Process Objectives (All categories) <i>Measurable</i></p>	

**III. Budget Information: January 1 – December 31, 2005 (Funding Category #1 & #3)
January 1 – June 30, 2005 (Funding Category #2)**

Provide a simple budget. Information is needed only for the project for which you are requesting funding, not for the organization as a whole. **Note these requirements:**

- There must be an identifiable in-kind contribution of at least 20% of the funds requested from ADHS-OOH. For example, if the requested mini-grant funding is \$5,000, there must be an identifiable in-kind contribution of at least \$1,000.
- Funds may be used for personnel costs.
- Administrative overhead is not an allowable expense.
- Funds may not be used to pay for direct clinical services, or for physical construction or renovation of a facility or space within a building.
- Funds may not be used to purchase food and beverages except for demonstration purposes.

Use the following format if possible, leaving inapplicable categories blank. Lines G, H, and I are available to add budget categories that are not listed. If this format is not suitable, attach a one-page budget of your own, using the same column headings.

Line	Budget Categories	Mini-Grant	In-Kind/Other * (specify source)	Totals
A	Personnel			
B	Supplies: A. Office B. Other			
C	In-state travel (@ \$0.345/mile)			
D	Postage			
E	Printing/Photocopying			
F	Rent			
G				
H				
I				
	Totals	\$	\$	\$

* The total in-kind contribution must be at least 20% of the requested mini-grant funding

IV. Budget Description: January 1 – December 31, 2005 (Funding Category #1 & # 3)
January 1 – June 30, 2005 (Funding Category #2)

(Provide a brief description of proposed costs to be funded by the mini-grant. Write a description for each corresponding line number.):

A. Personnel:

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

B. Supplies

1. Office:

2. Other:

C. In-State Travel

D. Postage

E. Printing/Photocopying

F. Rent

G. _____

H. _____

I. _____

V. Attachments

- Complete the following one page Certification and return with the application form.
 - If you are a non-profit (vs. public institution), please include documentation verifying your non-profit status.
 - Attach one (1) letter of support from each of your identified coalition members or partners demonstrating a commitment to participate in your proposed project.
 - Please submit required documentation for each mini-grant category:
1. Community Oral Health Needs Assessment/Strategic Planning – no additional documentation
 2. Community Oral Health Strategic Planning – completed Needs Assessment
 3. Community Oral Health Improvement Project – Complete the Supplemental Questions on p. 17

Certification

The _____ (name of organization)
is submitting this application for funding from the Arizona Department of Health Services, Office of
Oral Health: Oral Health Mini-Grant Program.

As the _____'s (name of organization)
contact person, my signature below certifies that to the best of my knowledge all of the information
provided in this application is accurate, and if funded, we agree to comply with the requirements of the
Oral Health Mini-Grants Program as described in the announcement, specifically, to meet the reporting
and financial requirements of this award:

1. By June 30, 2005, submit a needs assessment (funding category #1) OR strategic plan
(category #2) OR mid project report (funding category #3).
2. By December 31, 2005, submit a strategic plan (funding category #1) OR final project
report (funding category #3). This report should include evaluative statements and
recommendations for others who might wish to undertake a similar effort. A copy of
each document created in conjunction with this award must be included. A financial
statement/summary indicating expenditures incurred in conjunction with this award must
also be submitted.

Additionally, I am aware that fifty percent (50%) of the award will be distributed upon submission of
first deliverable and the remainder, fifty percent (50%), will be distributed at the end of the project
period upon submission of the strategic plan (funding category #1) or final project report (funding
category # 3). If funded under category #2, I am aware that one hundred (100%) of the award will be
distributed upon submission of the strategic plan by June 30, 2005.

Signature

Name printed or typed, Title

Date

Arizona Department of Health Services
Office of Oral Health
1740 W. Adams Street, #010
Phoenix, Arizona 85007

**Oral Health Mini-Grant
Award Acknowledgement**

(Name of Organization)

Acknowledges the receipt of a grant award of \$_____ paid to the above agency for developing and conducting a:

- ___ 1. Community Oral Health Needs Assessment and Strategic Plan
- ___ 2. Community Oral Health Strategic Plan
- ___ 3. Community Oral Health Improvement Project

Signed: _____ Date: _____

Typed Name: _____

Title: _____

Attachment: LOGIC MODEL INSTRUCTIONS

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
Assessment: -Identify a problem -Identify target population and geographical area -Identify your team -Assess risk and protective factors -Collect data (must be locally related) Identify Resources	Goals should be: -Focused and easy to understand -Achievable Indicate general direction and vision of the project <hr/> Outcome objectives must: -Be related to goals -Be consistent with risk and protective factors/needs and strengths -Be measurable -Be achievable -Have a timeline	Selected strategies and approaches must: -Fit established needs, goals and outcomes objectives -Be researched based – either a proven program or established theory -Connect to the identified risk and protective factors/needs and strengths -Determine if program is directed toward a universal, selective, indicated or treatment audience -Be culturally competent, age appropriate and gender responsive	Develop detailed action steps including: -Resource identification and mobilization -Capacity building -Activities -Timelines and scheduling -Recruiting and retaining participants/clients -Staff accountabilities -Staff training to implement strategies/approaches -Establish process objectives to measure implementation effectiveness	Evaluation must include: -Design/methodology with a valid, reliable assessment tool -Evaluation plan -Data collection and analysis plan -Quality assurance plan <hr/> Evaluation should measure both: -Process/formative to see if the program is being implemented as planned -Outcomes/substantive (short and long term) to determine if goals and objectives are being met
<i>Are strategies/approaches meeting the needs?</i>	<i>Are short and long term outcomes tied to the evaluation?</i>	<i>Are the strategies/ approaches addressing the outcome objectives?</i>	<i>Are the strategies/approaches being implemented as written?</i>	<i>Is there ongoing assessment and quality improvement?</i>

Attachment: SAMPLE of LOGIC MODEL: infant and toddler oral health initiative

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p>Target Population to be Served Children age 6 months to 4 years in the WIC program in Small Town, USA.</p> <p>Needs of Population to be Served -A health assessment survey conducted in Small Town, USA revealed that decay rates for the preschool children are the highest in the US. -The percentage of children with untreated decay is more than three times higher than children in the rest of the state (68% v. 19%) -The decay rates of preschool children in Small Town, USA have been rising over the last 10 years as identified in the biannual Small Town, USA health survey. -There are inadequate dental staff to see all children in need, especially the very young children.</p> <p>Resources of Applicant/ Population -Strong partnership between the Small Town, USA health center and the Women's, Infants' and Children's Program (WIC). -The health center will hire and supervise an employee to provide early intervention dental education and prevention program. -Dental expertise at the Small Town, USA dental clinic.</p>	<p>Goal Reduce the number of children in Small Town, USA with dental decay.</p> <p>Outcome Objectives (Measurable) -By the end of the program, 35% more children will be drinking from a cup by age 1. -By the end of the program, 75% of all high risk children will have fluoride varnish applied every 3 months. -By the end of the program, 50% more parents will know how to check their children's teeth monthly for signs of early decay. -By the end of the program, children aged two will have 25% fewer df-s teeth.</p>	<p>-The oral health specialist will educate caregivers of WIC children on the prevention of early childhood caries including the Lift the Lip technique for early identification of dental caries, oral hygiene, fluoride supplements and use of the cup.</p> <p>-The oral health specialist will provide fluoride treatments for high risk children and screen for early signs of ECC.</p>	<p>Activities May-Dec 2002 -Small Town, USA health clinic will hire and supervise the oral health specialist to run this WIC dental program.</p> <p>-Existing dental staff at the clinic will train the oral health specialist.</p> <p>-Protocols will be obtained/ developed, evaluated and implemented on infection control, fluoride varnish protocols, oral health education materials and Lift the Lip techniques.</p> <p>-Dental supplies and office supplies will be purchased.</p> <p>-Commence seeing clients after training is completed (> month 1).</p> <p>-Implement data collection system to establish baseline decay rates.</p> <p>Process Objectives By the end of the program: -Dental clinics will be held 10 days per month at WIC in Small Town, USA as measured by participant logs. -A checklist of services rendered and educational materials dispensed will be maintained by activity log. Fluoride varnish will be applied in a safe manner. -Dental surveys will be administered and collected. -Recall system will be established.</p>	<p>Outcome: -Analyze parent survey of 1 year olds to assess bottle use.</p> <p>- Review recall schedule to verify fluoride varnish is being applied every 3 months.</p> <p>-Assess number of parents checking their children's teeth monthly for signs of ECC and compare to baseline.</p> <p>-Compare baseline df-s to df-s after 10 months.</p> <p>Process: -Review implementation plan monthly will oral health specialist and supervisor to verify activities are occurring as planned.</p> <p>-Review activity log and checklist to verify that all educational information is being presented at each contact.</p> <p>-Regular site visits by trainer to assess safety and quality of fluoride varnish applications.</p>

Attachment: SAMPLE of LOGIC MODEL: Needs Assessment

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p>Target Population to be Served Children ages 0-21 in Some County.</p> <p>Needs of Population to be Served - Limited oral health information is available in Some County. -Multiple county and community-based organizations are reporting difficulty with obtaining dental care for children. -The public health nursing program in Some County reports significant oral health needs in the home visiting program. -School nurses report extensive dental problems in children including pain, swelling and infection. -The only local dentist in one community is planning to retire later this year and he has been unsuccessful in finding a dentist to purchase his practice.</p> <p>Resources of Applicant/Population -There is a strong community-based coalition advocating for the social and general health needs of Some County residents. -The school has offered space to hold meetings on oral health issues. -The local dentist has agreed to participate in the dental meetings. -Data from the state health department on the oral health status of the county have been made available. -The nursing college has agreed to participate. -A local businessman is interested</p>	<p>Goal Improve the oral health of children in Some County.</p> <p>Outcome Objectives (Measurable) -By the end of the contract period, a needs assessment of children in Some County will be completed. -By the end of the contract period, a report will be written highlighting the findings from the needs assessment. -By the end of the contract period, the local coalition will establish an oral health subcommittee to address the findings of the needs assessment.</p>	<p>-The coalition's dietician will work with the state dental public health program to design a children's oral health needs assessment.</p> <p>-The Basic Screening Survey tool will be used as the foundation of the needs assessment.</p> <p>-Both clinical assessments and questionnaires will be used.</p>	<p>Activities May-Dec 2002 -Partnership meetings will be held to direct the activities. -Students from the nursing college's community health class will assist in conducting the needs assessment. -Data will be collected and analyzed. -Findings will be organized into a reader-friendly format. -By the end of the contract period, the final report will be draft and distributed to coalition members and interested parties. -Final paperwork will be submitted to the grantor.</p>	<p>Outcome: -Submission of the final needs assessment report will verify completion of the needs assessment and creation of the document. -Meeting minutes will reveal whether or not a subcommittee on oral health is formed.</p> <p>Process: -A brief survey will be distributed to the partners to assess the effectiveness of the process to date as well as the desire to continue into the next phase of strategic planning.</p>

Oral Health Mini-Grant Proposal Review Form

Applicant:		Number:
Yes	No	Proposal Element
		1. The organization meets eligibility criteria: county health dept., tribe, school, non-profit.
		2. There are four copies of the application (original plus 3)
		3. All required application materials are included:
		a. All sections completed including Logic Model (I – IV)
		Attachments (V):
		b. Certification
		c. Needs Assessment (<i>if applicable</i>)
		d. Letters of Support from collaborating agencies
		e. Documentation of non-profit status (<i>if applicable</i>)
		f. Award Acknowledgement form
Reviewer: Please evaluate each remaining category. Your options are Yes and No-the applicant either meets (yes) or doesn't meet (no) the category. Check the column appropriate for each element.		
		4. The proposed project can be duplicated in another community/area.
		5. The role of collaborating organizations is well defined, appropriate and supported by support letters outlining the responsibilities of the collaborators.
		6. The staffing to conduct the project is well defined and adequate.
		7. The Logic Model is completed according to the Logic Model Instructions.
		8. The target population to be served is clearly defined, appropriate and, for proposals other than needs assessments, has a documented/defined oral health need.
		9. The proposal is consistent with the Office of Oral Health's mission to: <i>promote oral health for the well-being of all Arizona residents</i> and addresses at least one of two Actions in the National Call to Action to Promote Oral Health (<i>if funded under category 3</i>)
		10. The objective(s) to be undertaken are clearly stated, measurable , appropriate and feasible.
		11. Strategies are likely to meet identified outcome objectives; strategies are appropriate and consistent with the intent of the grant.
		12. The timeline (implementation plan) is realistic and appropriate.
		13. The evaluation measures will measure progress toward the outcome objectives; the methodology for measuring success is realistic within the framework of the grant and the defined project to be completed.
		14. The budget is clear, complete and appropriate for the project.
		15. The budget complies with the requirements noted in the budget section of the announcement including evidence of in-kind support of at least 20% of the requested mini-grant funding.
		16. The supplemental questions are answered clearly and appropriately (<i>if funded under category 3</i>)

Strengths:

Weaknesses:

Comments:

Oral Health Mini Grant 2005

Supplemental Questions

Organizations seeking funding under category 3 oral health improvement projects must answer the following three questions:

- 1) Please explain how your proposed project advances one or more of the Actions described in the National Call to Action to Promote Oral Health.

- 2) Explain how your proposed oral health improvement project addresses the need(s) of your target population. For example, if your proposed project is based on a previous needs assessment, briefly describe the findings of your needs assessment and relate those findings to your proposed project.

- 3) Please indicate your strategy for sustaining the oral health improvement project after the funding cycle: